The Encounter Group (Encounter Live-In-Care Specialists) Limited

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Inspection report

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21 November 2018
22 November 2018
23 November 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Encounter Group (Encounter Live-In-Care Specialists) Limited provides personal care services to young adults and older people living in their own home in the community.

Not everyone using the service receives the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection,11 people were receiving personal care.

This inspection took place on the 20, 21, 22 and 23 November 2018. This was the first comprehensive inspection for the service since it registered with the CQC in May 2016.

The provider was also the registered manager at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People receive care from staff that are friendly, kind and caring; passionate about providing the care and support people need and want to enable and encourage them to live as independently as possible in their own homes. People feel cared for safely in their own home.

Staff do not fully understand their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider is not fully aware of how to make referrals to the Court of Protection if people lack capacity to consent to aspects of their care and support and are being deprived of their liberty. We have made a recommended about training in this area.

People have care plans that are personalised to their individual needs and wishes. Records contain detailed information to assist care workers to provide care and support in an individualised manner that respects each person's individual requirements and promote treating people with dignity.

Staff have the skills and knowledge to provide the care and support people need and are supported by a provider who is visible and approachable, receptive to ideas and committed to providing a high standard of care.

People's health and well-being is monitored by staff and they are supported to access health professionals in a timely manner when they need to. People are supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff understand their responsibilities to keep people safe from harm or abuse and know how to respond if they have any concerns. Care plans contain risk assessments which give instructions to staff as to how to

mitigate risks; these enable and empower people to live as independent a life as possible safely.

Staffing levels ensure that people receive the support they require safely and at the times they need. The recruitment practice protects people from being cared for by staff that are unsuitable to work in their home.

The provider is closely involved in the day to day running of the service and continually monitors the quality of the service provided. Staff and people are confident that issues will be addressed and any concerns they have will be listened to and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have a full understanding of the Mental Capacity Act, 2005

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good

The service was caring.

People were cared for by staff that were compassionate and committed to providing good care and support, promoting and encouraging independence.

Staff understood people's needs and preferences and encouraged people to make decisions about how their support was provided.

People's privacy and dignity was protected and promoted.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well-led

There was a culture of openness and transparency; the provider encouraged and supported the staff to provide the best possible person centred-care and experience for people and their families.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection started on 20 November and ended on 23 November 2018 and it was announced. The provider was given 24 hours' notice, because we needed to ensure someone was available to facilitate the inspection.

One inspector undertook the inspection. On the first day of the inspection we visited the office location of the provider to review the documentation associated with the running of the service. On days two and three we visited people who used the service and contacted staff.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share any information they felt relevant during the inspection.

Before the inspection, we reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people

receive. We used the information they provided us to inform our planning of the inspection.

During the inspection we met with three people who used the service and spoke with one relative. We spoke with three members of staff and the provider. We also spoke with two social care and health professionals.

We reviewed three people's care files, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People received care from a team of staff who strived to provide consistent safe care and support. Risks to people had been assessed; we saw that care plans and risk assessments were in place. These documents provided staff with a description of any risks and how to mitigate those risks. For example, there was an assessment in place to support someone who had been identified as at risk of falling due to poor mobility; the instructions to staff were clear as to how much support the person needed and what equipment was required.

Staff understood the support people needed to promote their independence and freedom, yet minimise the risk. They could describe how they provided the care and support people needed to keep them safe. People told us they felt confident and safe with the staff who supported them.

The provider had a safeguarding procedure and staff knew what steps to take if they were concerned. Staff explained to us what they would do If they had any concerns about people being harmed or abused in any way. The provider was aware of their responsibilities to report any concerns and take the appropriate action if any issues around safeguarding were raised with them.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. We saw that staff had received training about the administration of medicines and the provider had tested their competency, staff also confirmed this. One member of staff said, "I wasn't very confident with administering medicines so [Name of provider] came out with me more so I am now confident." We looked at medicine administration records (MAR) and saw that they had been consistently completed.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

People told us that they felt there was sufficient staff to meet their needs and that the staff stayed for the period they had agreed. The staff confirmed they had the time to support people; as the service had grown they had gradually got to support the same people so were beginning to provide more consistent care and get to know people better. One person told us," The staff arrive pretty much between the time we have agreed; they will usually ring me if they are going to be late."

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through emails, supervisions or contact with the provider. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Requires Improvement

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. At the time of the inspection no applications had been made to the Court of Protection.

We checked whether the provider was working within the principles of the MCA. We found that although consent had been sought to provide care for people, where people had been deemed to lack capacity to make decisions the provider had not fully completed the documentation around this. We found no records of best interest decisions being taken and staff did not have a full understanding around the MCA. There was a potential that people may have restrictions placed on them without considering fully the least restrictive option. We recommend the provider seeks further guidance and training around the principles of the MCA and making best interest decisions for themselves and the staff.

People's needs were assessed prior to agreeing a service in line with guidance and good practice. The provider met with people to discuss their needs and how they would like their care and support delivered. This ensured that the service provided met the person's individual needs and considered both their physical and mental well-being as well as their cultural needs. Advice was sought from other health professionals when needed and where appropriate a member of the family was involved to help the person express their requirements. One person told us that the provider had initially delivered the care and support they needed themselves so had a good understanding of their needs; they now introduced and worked alongside new staff to make sure they fully understood what was needed.

Staff had undertaken training relevant to their role which equipped them with the skills they needed to support people living in their own homes. New staff undertook an induction which included training around manual handling, safeguarding, First Aid, Infection control and fire safety. They also spent time shadowing the provider and more experienced staff before they worked alone. One member of staff confirmed that they had spent a week with the provider being shown what to do and this was followed up by a mixture of classroom based training and on-line training; they said, "I was able to ask for more training if I was not confident."

At the time of the inspection the staff had not been employed for a year. The provider had plans in place for staff to complete refresher training to ensure they kept their knowledge up to date and followed best practice guidance. Staff were also supported to complete the Care Certificate which covers the fundamental standards expected of staff working in care.

All staff had regular supervision and appraisals were planned for when staff had worked for the service for over 12 months. One member of staff said, "I have a 1:1 session with [Name of provider] regularly, we talk through my performance and make sure I understand things properly."

Assessments were undertaken if people needed support to maintain a healthy balanced diet. Staff understood the need to ensure that people maintained a good nutritional intake. We saw that records were kept on what people ate and where necessary advice was sought from a dietitian.
Staff supported people to access healthcare professionals if needed. The provider confirmed that staff liaised with district nurses and people's GPs when necessary. We saw from one care record that a referral had been made to a physiotherapist following concerns raised by a staff member about a person who was not able to use their muscles much.

Good

Is the service caring?

Our findings

People and their families were happy with the staff and the care and support people received. One person said, "All the staff are very good; courteous and polite. Another person said, "The staff are considerate, it's all about me and what I want and need." A relative commented, "[Relative] is treated as a person not a number."

Care plans included people's preferences and choices about how they wanted their support to be given. One person said, "I prefer not to have a male carer to do any personal care and they respect this, if a male carer does come they get on with other things whilst the other carer supports me; I feel I have control of my life and care." Staff were encouraged to help people to remain as independent as possible. One member of staff explained, "We have one person who sometimes can do more for themselves than another time, you just need to listen and encourage them to do as much as they can."

At the time of the inspection the people receiving personal care could express their wishes and were involved with their care plans. People told us that the staff spent time talking to them. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

There was no information readily available about advocacy for people however, the provider agreed to ensure information would be included within the information pack which people received as they commenced the service.

People received their care in a dignified and respectful manner. People told us that staff treated themselves and their home with respect. One person said, "The staff close my curtains and the bathroom door when they are assisting me; they use towels to cover me." Staff too described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and always covered people up as much as possible to maintain their dignity.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People confirmed that staff did not discuss other people using the service with them.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and care plans had been developed with people and where appropriate their relatives. Where possible, people had signed their care plans to confirm their agreement to the care provided. The care plans had sufficient detail to enable staff to deliver the care and support people required in the way they wished.

The provider worked with individuals to recruit the staff they required. For example, a person required a live-in carer, the provider was in the process of identifying potential staff to support the person, they sought feedback from the person to gather as much information as possible about the compatibility of the staff identified.

Staff knew people well; they understood the person's background and knew what care and support they needed. There was information about people's life, family and significant people in their lives, the things they enjoyed doing and details about their condition which may impact on their independence. This enabled staff to have meaningful interactions and conversations with people.

There was information about people's cultural and spiritual needs. Staff were aware of people's cultural needs; they explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans.

At the time of the inspection no one was receiving end of life care. There was an end of life policy in place and when appropriate people would be asked about their wishes and preferences. The provider was aware of the support they could access from other specialist services.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and resolved. One person said, "I can't fault [Name of provider} they responded to some concerns I had and put things right." There was information about how to complain. We saw that when a complaint had been received this had been responded to in a timely way and action taken to address the concern.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection the service was not supporting anyone who specifically needed assistance with information. However, the provider told us that they would ensure that information would be made available to support people's different communication needs, for example, Braille, large print, audio tape and symbol/pictorial based.

Good

Is the service well-led?

Our findings

The provider was also the registered manager, they were passionate about providing the best possible care to people and was visible and approachable.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service grew they would need to be proactive about the development of the quality assurance processes.

'Spot checks' were undertaken by the provider which ensured that all staff delivered the care as detailed in the individual care plans and at the standard required. Daily records and the medicine administration record sheets were monitored and any shortfalls in recording addressed. The visits to check on the staff also gave the provider an opportunity to gather feedback about the service.

We saw that people made choices in their everyday life and were encouraged and enabled to remain as independent as possible. Staff, understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as they could.

The service was open and honest, and promoted a positive culture throughout. Staff felt listened to and felt able to raise any concerns or ideas they may have about improving the service. Staff told us that they were encouraged and enabled to share their ideas and concerns and that the provider was receptive to suggestions and willing to make changes if necessary.

The provider ensured that the service kept up to date with the current best practice. Policies and procedures to guide care staff were updated when required. Staff had access to the policies and procedures whenever they were required and could demonstrate their understanding of their role and responsibilities specifically in relation to safeguarding and whistleblowing.

The provider was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service. People spoke positively of the provider and were confident that any issues they may have would be effectively addressed.

The service worked positively with outside agencies. This included a range of health and social care professionals. The feedback we received from professionals confirmed this and we saw from records that the provider has liaised with the social care commissioners and professionals such as District Nurses, Physiotherapists and GPs.